

Western Montana Chapter Client Referral Form

____ Guardianship ____ Conservator-ship ____ Payee-ship ____ Other ____ Trustee

MANDATORY INFORMATION REQUIRED FOR THIS REFERRAL TO BE PROCESSED AND/OR APPROVED AND TO COMMUNICATE WITH SOCIAL SECURITY ADMINISTRATION

Beneficiary Name		
Beneficiary Current Address on file at SSA		
Beneficiary Social Security Number		
Beneficiary Date of Birth		
Place of Birth (City and State)		
Mother's Full Name:	Date of Birth:	Social Security #:
Mother's Maiden Name:		
Father's Full Name:	Date of Birth:	Social Security #:
Current Benefit Amount Received		

Please supply a copy of the following for Medicaid proof:

-Birth certificate	-Social Security card & benefit statement
-Driver License	-Medicaid Card

Note: This information allows WMC to communicate with Social Security in completing annual interviews and maybe seeing if the beneficiary is eligible for more benefits through their parents Social Security. This information is also needed in other roles that WMC participates in.

PLEASE FILL OUT ALL 4 PAGES

Western Montana Chapter Client Referral Form

____ Guardianship ____ Conservator-ship ____ Payee-ship ____ Other ____ Trustee

Basic Information

Referred By:		Date:	
Reason for Referral:			
Client's Name:			
Client's Mailing Address:		Physical Address:	
Client's Phone(s):	Home:	Cell:	
Current Marital Status:	If yes, with whom & how long:		
Medical Diagnoses:			
Physician/Medical Provider:		Phone Number:	
		Address:	
Case Manager:		Phone Number:	
		Address:	
Guardian:		Phone Number:	
		Address:	
Current Payee:		Phone Number:	
		Address:	
Current Conservator and/or Guardian:		Phone Number:	
		Address:	
<p>Military Veteran (yes/no):</p> <p>If yes, what benefit is the beneficiary receiving?</p> <p>Who receives the benefit?</p>			

Western Montana Chapter Client Referral Form

____ Guardianship ____ Conservator-ship ____ Payee-ship ____ Other ____ Trustee

Banking/Income/Expenses

Monthly Income Sources & Amounts: -Real Property: \$ -Social Security: \$ -Pension/Retirement: \$ -VA Benefits -Railroad Benefits -Oil & Gas Royalties (average): \$ -Other:		
Bank(s) & Account Number(s): - _____ (checking account): - _____ (checking & share account):		
Monthly Expenditures:	Rent/Mortgage:\$	Utilities: \$
Credit Cards:	Car Payments: \$	Other:
Agencies/Others currently providing services:		
Services requested from WMC:		
Pertinent issues the WMC would need to address:		

Family

Family Involvement:		
Other Issues:		
Investments	Where:	Who:
Account Numbers:		
Do you have a safety deposit box?	If yes, where:	

Western Montana Chapter Client Referral Form

____ Guardianship ____ Conservator-ship ____ Payee-ship ____ Other ____ Trustee

Other Property

Do you own rental property(s)?			
If yes, what & where:	Apts:	Trailer Court:	House:
Who manages property?			Are rents behind (yes/no)?
Vehicles/Trailers:	Make/Model:		Where Located:
-Owe Money on it?			Location of Title?

Estate Plan(s):

-Burial Plan (yes/no):			
-Will (yes/no):	If yes, where is original located:		
-Advance Directives/Living Will (yes/no):	If yes, where is original located:		
-Life Insurance (yes/no):			
If yes, how much?		Who/where is it located:	

Please supply a copy of the following for Medicaid proof: N/A

-Birth certificate	-Social Security card & benefit statement
-Driver License	-Medicaid Card

This referral will be staffed at our weekly Wednesday staff meeting. Feel free to contact us by phone, fax or email.

Karen Baker
Operations Manager
Western Montana Chapter for the Prevention of Elder Abuse
PO Box 17800
2681 Palmer, Ste K
Missoula, MT 59808
406/327-7886
karen@westernmontanachapter.org